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FORM I-79

,	ROUTING	AND	RECORE	SHRET
SUBJECT: (Optional)	- · - · · · · · · · · · · · · · · · · ·			
Performance Appraisal	Report			
FRON			EXTENSION	NO.
1006 Ames				DATE 24 November 1981 STA
TO: (Officer designation, room number, and building)	DA	TE FORWARDED	OFFICER'S'	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1. DD/OP 5E58 Hqs. /	SECEIVED 1	1981		Ben:
3.				Per our discussion of yesterday, Bob and Irene came up with the following attached four additional versions of the PAR form:
4.		agi	el -	#1. This removes the signature from the written comments which strikes me as a poor idea.
5. 6.		of-	el -	#2. This one has the employee AWP certification following the key elements; the overall evalua-
7.				tion and job/supervision data are on the front page. It appears to be a little fussy.
				#3. This one has the employee AWP certification before the key
3/201 - NO 3	reso	hier	<u> </u>	elements and leaves overall evaluation and job/supervision data on the front page. It appears
www concern of	gosy ?	m -		to be less fussy.
10.		3		#4. Is the same as #3 but with overall evaluation following supervisor comments. This gives the overall evaluation a separate
11. # g per out de	and the	T		significance removing it from the possibility of being an average of the key elements.
12. Wary to far				Does one of the above strike you as better?
13.	ment	t list	ls one	Another possibility might be to go to the PMAB with a couple
14. There may		V		of versions and see what their reaction might be STA
15.				

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Section A	General Inf	ormation	: .	.•			
1. Soc. Sec. Number   2. Name (La	ast, First, Midd	le)		1	3.S.D.	4.Sched	5.Grad
6. Affiliation		7. 0cc	upational	Title	······		
8. Office/Division/Branch of Ass	signment	9. Curi	rent Stati	on .	<del>.</del>		10.Hqs.
11. Reporting Period		12. Da	te Report	Due in	OP  1	3.Type of	Report
Section B	Qualificati	ions Upda	ite	······································			
Qualifications Update (Form 4	44!!) is is no	ot <u>att</u>	achea (sul	omit on	ly if th	here are c	hanges
Section C (See Form 451) Key Joh	o ElementsEmpl	oyee Acki			- <u></u>		
I was informed specifically of ments of the job at the beginning report period. I was also informed standard(s) used for the ratings listed	the key ele-Dat ng of the rmed of the r determining	e	Typed or (employee		name a	nd signat	ure \
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Key Job Element No. 3						*	
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Key Job Element No. 4			•			<del></del>	
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Key Job Element No. 5							
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Key Job Element No. &							
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	Overall Employee	Performa	nce Ratino	7		· · · · ·	
Taking everything into account	about the employ	yee which	influence	es his/l	ner effe	ectiveness	
on the job, I rate the employee	e's overall perfo	ormance a	at this lev	rel.		<del></del>	
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Date Title			Typed or F	rinted			
	Employee (	Certifica	tion				
I have reviewed my supervisor's c discussed my job performance rat him/her. My signature does not imply my agreement with either.  Approved For R		te	Typed or			and Signat	ure

ection D (See	POTM 451)			14 : CIA-RD					
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6. Affiliation		7. Occupational Tit.	le l		
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8. Office/Division/Branch of	Assignment	9. Current Station			10.Hqs
11. Reporting Period		12. Date Report Due	in OP II	 3.Type of	Ropon
Section b	Ona Li Fica	itions Update			
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Section C (See Form 41-) Ver		3	0.11		
Section C (See Form 451) Key	JOD ElementsEm	oloyee Acknowledgement			
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period. I also was informed listed.	of the performan	ce standard(s) used for	determining	the reti	ings
	rinted name and	signature of employee			
	•	-Pormante of embtoles			
Taking everything into accoun	Overall Employe	e Performance Rating	3 0 /h = 2 - 2 C =		······································
on the job, I rate the employ	'ee's overall per	formance at this level.	reluer elle	>	
	Certificati	on By Supervisor			
Months employee has been Mont	hs emplovee has	heen understand no	, Dan		IOM.
in this position my s	upervision	was r	1 244	son for N wing empl s report	OVER
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6. Affiliation	7. Occupational Titl	e		<del></del>
8. Office/Division/Branch of Assignment	9. Current Station		110	Hqs.
ll. Reporting Period	12. Date Report Due	in OP 1	3.Type of R	leport
Section 6 Onaliti	cations Update			
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Section D (See Form 45.	1)	- · ·	e Comment	
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